

S. No. 2
 1-12-45
 5-17-39
 P-1 X47070

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21979**
 Registrar's No. **115**

FILED JUL 9 1947
 Registration District No. **310**

Primary Registration District No. **3058**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
 9
 3

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles **92**
 (c) City or town Dardenne
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) **/**
 If yes, name country _____

3. (a) PRINT FULL NAME Walburga Keaveny
 3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Matthew Keaveny 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased September 7 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 30 year 1947 hour 12 minute 40 P. M.
 21. I hereby certify that I attended the deceased from June 6, 1947, to June 30, 1947;
 that I last saw her alive on June 30, 1947;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death _____
 Due to Acute Myocardial Infarction **10 days**
 Due to Myocardial Heart Disease **?**
 Other conditions Hypertension **?**
(Include pregnancy within 3 months of death)

9. Birthplace St. Peters Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Home duties
 11. Industry or business _____
 12. Name Antone Weber
 13. Birthplace St. Peters Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Philomine Peters
 15. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations 95
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Matthew Keaveny
 (b) Address O'Fallon, Mo.
 17. (a) burial (b) Date thereof July 3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dardenne, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director H. C. Dallinger
 (b) Address 800 N. 2nd St. Charles, Mo.
 19. (a) July 2, 1947 (b) Francis Hamilton
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) **0**
 Address [Address] Date signed 6-30-47

RECEIVED
District Health Officer No. 9,
District File Number JOC 7 1947
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Herbert C. Dallmeyer....., Registered Apprentice No. 429
working under my personal supervision.

Signed Joseph F. Linder
Licensed Embalmer No. 4189
P. O. Address St Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.